



Committed to the future of rural communities.

MO RH Guide 13b  
Rev 12/17/09 sl

UNITED STATES DEPARTMENT OF AGRICULTURE  
**RURAL DEVELOPMENT**

Position 6

## PLAN & SPECIFICATION REVIEW CHECKLIST

502 Single Family Housing

Address of House

Contractor's Name

Plan Review Prerequisites:	Yes	No	Remarks
1. Conditional Commitment or Construction Contract (Circle one)	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Lot Survey, Subdivision Map, & Plot Map	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Lot Approval	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Option to Purchase Real Estate or Warranty Deed	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Description of Material	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Indicate length of Contractor Warranty:	1 yr	10 yr	Warranty Company: _____
7. Plan & Specification Certification	<input type="checkbox"/>	<input type="checkbox"/>	Name: _____ Date: _____
8. Is site Seismic Design Category D or greater?	<input type="checkbox"/>	<input type="checkbox"/>	_____

Working Drawing Plan Review:			
9. Site Plan: inc. final grading elevs.	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Front, Side & Rear Elevations (all 4 req'd)	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. Floor Plan(s)	<input type="checkbox"/>	<input type="checkbox"/>	Floors included: _____
12. Foundation Plan	<input type="checkbox"/>	<input type="checkbox"/>	_____
13. Roof Plan	<input type="checkbox"/>	<input type="checkbox"/>	_____
14. Basement, Crawl Space or Slab Plan	<input type="checkbox"/>	<input type="checkbox"/>	_____
15. Wall Section(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____
16. Engineered Truss Detail Provided (if req'd)	<input type="checkbox"/>	<input type="checkbox"/>	_____
17. Electrical Layout: outlets, lights, switches	<input type="checkbox"/>	<input type="checkbox"/>	_____
18. Plumbing layout	<input type="checkbox"/>	<input type="checkbox"/>	_____
19. Stairs Detail(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____
20. Water Supply	Individual	Public	Other: _____
21. Sewage Disposal	Individual	Public	Other: _____
22. Health Authority Approval? (if req'd)	<input type="checkbox"/>	<input type="checkbox"/>	_____
23. Is Sump Pump Required?	<input type="checkbox"/>	<input type="checkbox"/>	_____
24. Is documentation complete?	<input type="checkbox"/>	<input type="checkbox"/>	Name: _____ Date: _____

Reviewing Official

Date Reviewed